

SURVEY

Laid-off employees are asked to voluntarily complete this survey. Responses will enable Rowan County agencies to be better prepared to meet the needs of laid-off employees.

Confidentiality: Responses will be shared with Information and Referral, Inc., Rowan County Department of Social Services, and Rowan County United Way. General responses, not including identifying information about the respondent, will be used to identify other special programs and services that might be needed.

I need assistance with the following (circle all that apply):

Food Stamps	Medicaid	Mortgage (foreclosure notice)
Food	Medications	Rent (eviction notice)
School Lunches	Health Insurance	Utilities (disconnect notice)
Credit Counseling	Budgeting	Job Training
Educational Classes	Car Expenses	Support Group
Other _____		

I want more information from Information and Referral: Yes No

I have enrolled in training or educational classes: Yes No

I have applied for health insurance: Yes No

I attended informational meetings at the Civic Center or S. Rowan YMCA: Yes No

Since my lay-off, I have applied for or received the following assistance (list):

Other comments:

Name: (Print) _____

Address: _____

Daytime Telephone: _____

in Household _____

Employed in Household _____

Company last employed: _____

Thank you for completing this survey. Please return in the enclosed envelope. If indicated, you will receive a call from Rowan Information and Referral, Inc.